



# Behavioral Medicine in Primary Care

a global perspective

Edited by Julie M Schirmer  
and Alain J Montegut

Forewords by Stephen J Spann,  
Gabriel Ivbijaro and Alfred Loh

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## A GLOBAL PERSPECTIVE

*Edited by*

JULIE M SCHIRMER MSW

Assistant Professor of Family Medicine  
University of Vermont College of Medicine  
Director, Behavioral Medicine  
Assistant Director, Predoctoral Education  
Maine Medical Center, Portland, ME, USA

*and*

ALAIN J MONTEGUT MD

Associate Professor of Family Medicine  
Boston University School of Medicine  
Director, Global Health Primary Care Initiative  
Boston University, Boston, MA, USA

*Forewords by*

STEPHEN J SPANN MD

GABRIEL IVBIJARO MD

*and*

ALFRED LOH MD

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# Foreword

The high prevalence of psychosocial problems in primary medical care practice is a global phenomenon. According to the World Health Organization (WHO), mental health disorders are among the leading causes of ill health and disability worldwide. Even the most developed countries lack enough specialized behavioral health professionals to deal with this burden of illness. No wonder the WHO has confirmed the need to integrate the assessment and treatment of mental health disorders into primary care.

While the principles and concepts of behavioral medicine are universal, their application in the care of patients must necessarily take into consideration the realities of the local healthcare system, and the patient's unique sociocultural context. Globalization has brought the need for cultural sensitivity and the opportunity for cross-cultural practice to many primary care practitioners around the world.

Health system reform in many countries continues to focus attention on the need for improving the quality of primary medical care. Specifically, an increasing number of countries are recognizing the need to train primary care physicians and other healthcare professionals deliberately through postgraduate residencies or on-the-job in-service continuing education programs in family medicine, for the purpose of developing a highly skilled primary care workforce. Specific, practical training in behavioral medicine is critical for these primary care practitioners.

This book fills a void by providing a practical, very readable "manual" for primary care practitioners to learn the fundamental principles and concepts of behavioral medicine and how to apply them to the local and patient sociocultural context. Edited and written by a group of healthcare professionals who have practiced and taught behavioral medicine and primary care around the globe, it covers a breadth of behavioral medicine topics with the depth needed by clinicians to provide competent care of the common psychosocial problems encountered in primary medical care practice.

The format of the book is very user-friendly. Each chapter begins with a brief introduction which establishes specific learning objectives. Each chapter has one or more clinical cases to illustrate the concepts discussed. There are multiple tables which are filled with practical information to be used in the clinical setting. Each chapter ends with a list of a few key resources which are available on the Web, as well as a useful list of references for further reading.

If you are a primary care practitioner working in a highly developed country with patients who have come from other countries and cultures, this book will



help you better understand the cross-cultural nuances of behavioral medicine in caring for your patients. If you are a primary care clinician practicing in a country and culture different from your own, you too will find the book of great help as you practice in a cross-cultural setting. And if you are a teacher of primary care practitioners in-training anywhere, this should be an invaluable textbook for teaching behavioral medicine to your trainees. Wherever you practice or teach primary medical care around the globe, this book will help you provide better care to your patients.

Stephen J Spann MD, MBA  
Senior Vice-President and Dean of Clinical Affairs  
Baylor College of Medicine  
Houston, Texas, USA  
*June 2009*

# Foreword

*Behavioral Medicine in Primary Care: a global perspective* provides the patient's story, enabling the patient's voice to be heard. It reminds us that people who consult primary care services are human and not just an illness and highlights the importance of social networks in well being and recovery by drawing on a decade of multidisciplinary expertise gained by working in primary care as practitioners and trainers in Vietnam and the United States of America.

The WHO World Health Report 2008 *Primary Health Care – Now More Than Ever* and the joint WHO Wonca publication *Integrating Mental Health into Primary Care: a global perspective* have already reaffirmed the utility value of the Alma Ata Declaration and reinforced the need for patient centred care. Patient centred care advocates that the best way to support the principles of holistic health-care is to enhance the application of the principles of the mind–body connection, stigma reduction, enhancement of patient strength and resilience, promotion of individual growth and recovery and harnessing of the patient's environmental and family support networks. Despite the recognition of these principles implementation of holistic patient care in practice has been limited. Patients seen in primary care settings are individuals who bring a complex mix of cultural, social, psychological, and biological factors that manifest in the consultation. Understanding and formulating these factors can lead to a true partnership between patients and care givers and allows for the ideas, concerns, expectations and cultural perspective of the patient to be aligned with those of the care provider to promote concordance and better health outcomes. This approach is core to the schemas adopted by behavioral medicine.

The authors of this book advocate practical ways of improving the recognition and implementation of patient centred care. They use a series of case vignettes as a lens for directing readers to a conceptual understanding of the mind and body and the relationship to the principles of behavioral medicine. They further crystallise the definition of behavioral medicine and describe three systemic models: the medical model, the public health aspect, and the traditional medicine model which enable the primary care practitioner to better understand the role of the cultural perspective in the formulation of problems presenting to primary care.

This book provides a range of questionnaires and checklists to aid primary care practitioners to implement principles and concepts from behavioral medicine to primary care. Application of the principles advocated by *Behavioral Medicine*

*in Primary Care: a global perspective* will make a difference to patient outcomes, whatever country or continent that they live in.

Dr Gabriel Ivbijaro MBBS, FRCGP, FWACP<sub>psych</sub>, MMedSci, DFFP, MA  
Chair of the Wonca Working Party on Mental Health  
*June 2009*

# Foreword

Over the past several decades, the practice of medicine has been increasingly fascinated with and influenced by high-tech developments and disease-focused approaches. This is especially evident in developed countries and even in some developing countries.

It is often forgotten that a significant percentage of patients seen in the family practice setting will not benefit from these latest advances. In cases where psychosocial and psychosomatic causations and manifestations of illness are the underlying reasons for the encounter with the family doctor, the application of behavioral medicine best practices may make all the difference in the outcome for the patient.

This book, on *Behavioral Medicine in Primary Care: a global perspective*, written by family physicians for family physicians, will in my view prove an invaluable resource for those who dare to take on the challenge of initiating behavioral change in their patients using principles and strategies proven effective in multiple countries and cultures. The approach the two co-editors have taken of having case scenarios at the start of each chapter to illustrate underlying strategies or principles is unique and refreshing. These case scenarios illustrate how behavioral medicine strategies can be applied in different healthcare systems and in the context of different cultural settings. Having contributions by primary and contributing chapter authors who are from or have had experiences in providing healthcare in different countries at varying levels of primary care development makes the book relevant in primary care settings in countries at various stages of development.

Mental health and behavior-related disorders are becoming an increasingly important aspect of total healthcare, as more developing countries emerge from the initial phases of their healthcare evolution, from the control of infectious diseases to chronic disease care and diseases of life-styles, and as more of the world's population migrate into urban centres. This book, when read in conjunction with the newly published *Report on Integrating Mental Health into Primary Care* by the World Health Organization (WHO) and The World Organization of Family Doctors (Wonca), together provide family physicians with an invaluable resource on behavioral medicine in primary care.

Dr Alfred Loh  
CEO

The World Organization of Family Doctors (Wonca)  
June 2009

# Preface

This textbook provides primary healthcare practitioners with strategies for applying the principles and concepts of behavioral medicine to patient care. The idea for this book emerged from numerous conversations between the various authors in their decade-long experience of incorporating behavioral medicine principles into Vietnam's family medicine training programs. This team of US and Vietnam colleagues wanted a textbook that described how behavioral medicine principles could be applied to patients and healthcare systems in cultures different from the Western model of care.

Most behavioral medicine textbooks are geared towards Western cultures, which value autonomy and independent decision making about patient health, and where psychiatrists and other mental health professionals are available to care for patients and train healthcare practitioners. We wanted a book that would prepare primary care clinicians to care for patients when mental health and behavioral health specialists were unavailable, whether that care was provided at home or abroad.

We live in an increasingly multi-cultural world. In 2006, immigrants represented 12% of the population in the USA,<sup>1</sup> 18% of that in Canada and 9% of that in the UK.<sup>2</sup> As air travel has become more affordable and advances in telecommunication have made intercontinental relationships more feasible, physicians and other healthcare practitioners have been seeking training and practice opportunities in other parts of the world.

Our goal was to create a book that was comprehensive and practical, but not so detailed as to overwhelm all but behavioral medicine specialists. We wanted a textbook that primary healthcare clinicians would find inviting and interesting, and which would provide them with skills that they could immediately apply to patient care. Our definition of the term "clinician" includes anyone seeing patients for primary healthcare purposes, including physicians, assistant physicians, nurses, midwives, social workers, and healthcare workers in community health sites, private clinics, or in patients' homes.

The impact of behavioral health on biological health is well recognized. Unhealthy beliefs, behaviors, and lifestyle choices of people contribute to more than 50% of the conditions that are treated in primary care sites.<sup>3</sup> Clinical interventions by physicians and other healthcare workers have been shown to be effective in changing unhealthy behaviors in multiple primary healthcare settings with populations as diverse as vulnerable mothers in Pakistan, commercial sex workers in Asia, and smokers in Zimbabwe.

We recognize that a large proportion of health behaviors are determined by factors over which patients have little or no control, such as poverty, early childhood exposure to trauma, war, birth defects, and environmental issues such as lack of access to clean water. Although the majority of this book focuses on what occurs during the clinical visit, Chapter 6 discusses how practitioners can seek to address many of these issues by working with community groups.

In 2001, the World Health Organization (WHO) published a report which confirmed the need to integrate the assessment and treatment of mental health disorders into primary care. According to this report, mental health disorders are among the leading causes of ill health and disability worldwide.<sup>4</sup> Successful treatment of mental health disorders and assistance with stress responses and health-defeating behaviors help patients to adhere to treatment, increase their capacity to deal with pain and disability, and reduce their emotional and physical pain.

Nearly two-thirds of individuals with known mental health disorders do not seek help from mental health professionals.<sup>5</sup> Therefore all members of the primary healthcare team need the training and skills to assess and support patients with common mental health issues. Members of the healthcare team play different roles in assessing, counseling, treating, and referring patients for additional support. We have attempted to delineate these roles throughout this book wherever possible.

## **CONSTRAINTS**

There are numerous barriers to the incorporation of behavioral medicine principles into primary healthcare practice. In countries with developing economies, behavioral health issues have a lower priority than basic needs such as food, clothing, and shelter. Resource-poor countries are constrained to apply healthcare resources to address infectious disease, malnutrition and only the most debilitating mental health conditions. As governments gain stability and their economies grow stronger, they can more easily meet the basic needs of the population and devote more resources to behavioral health issues.

According to the World Bank, Vietnam is classified as a low income country, where 25% or more of the population earn less than \$1 per day.<sup>6</sup> This is the case in many countries in South-East Asia, and in almost half of the countries in Africa, where 25–80% of people live in such extreme poverty. Extreme poverty means that families have difficulty meeting basic needs such as food, shelter and healthcare.<sup>7</sup>

In countries with extreme poverty, there are shortages of trained medical practitioners at all levels. Many of these countries have no clear national strategy for dealing with mental health issues, other than institutionalizing the most severe cases. The roles of mental health and primary care practitioners may not be clearly defined, resulting in turf battles over who cares for patients with mental health disorders.

In many developing countries, primary care practitioners are not approved to prescribe psychotropic medications, and the medications are not available at the primary care sites. Ideally, in countries with limited resources, mental health specialists would focus more on consultation and training primary care practitioners, and less on seeing patients. For example, Belize has developed a national strategy,

providing mental health training for nurses, who travel to primary healthcare sites around the country to consult on patients seen by the primary care practitioners and to provide training.<sup>8</sup>

## **ORGANIZATION OF THE BOOK**

After the introductory chapter, all subsequent chapters begin with case scenarios that illustrate how the behavioral medicine strategies can be applied in different healthcare systems. Many of the cases show how the models, such as cognitive therapy, can be modified, depending on the system and culture. At the end of each chapter, two or three (sometimes more) key resources are listed, many of which are Internet-based, for those who are interested in learning more about the concepts described in that chapter.

Chapter 1 describes in detail the theoretical underpinnings and evidence that support the incorporation of behavioral medicine into primary care. It provides key definitions, core principles, and an overview of how the principles are applied in clinical care.

Chapter 2 begins with a case scenario that illustrates a very unsatisfactory doctor–patient encounter, with a patient whose physical complaint is limiting her functioning at work and at home. The chapter provides a history of the doctor–patient relationship in Western medicine, describes the difference between disease (the pathological process) and illness (the patient’s experience of the effect of the illness on their health), and recommends core communication skills that primary care practitioners can apply when seeing patients.

Chapter 3 begins with two case scenarios about women who are each experiencing a different stress-related syndrome that is specific to Latin American and Asian cultures. The chapter uses these cases to illustrate the influence of culture and stress on the body. It delineates how the mind can help or hinder a person’s reaction to stress, and counseling techniques that practitioners can use to help patients to change unhealthy ways of thinking.

Chapter 4 incorporates several case scenarios about patients whose behaviors are interfering with their health. Several behavioral change models and strategies are described and applied to help these patients with smoking cessation, problem drinking, and unsafe sexual practices.

Chapter 5 begins with a case scenario about a woman whose headache and fatigue symptoms are influenced by her family’s adaptation to her husband’s retirement and her mother-in-law’s increasing physical dependence. It illustrates her family’s influence on her health, and demonstrates multiple strategies that healthcare practitioners can use to assess and interact with families to improve their overall health.

Chapter 6 begins with two case scenarios about Somali mothers who are experiencing postpartum depression. The cases contrast the differences in perspectives and resources for patients living in rural and urban settings in the same country. The chapter describes the different categories of healers, and the different explanations of symptoms as seen by patients and practitioners. This material complements Chapter 3 in suggesting strategies for dealing with the different perspectives of

patients and practitioners. It also describes community strategies that primary care practitioners can use to address the health issues of their patient population. Finally, this chapter provides strategies to enable practitioners to become culturally sensitive with their patients and to help to prepare them for working in countries other than their home country.

Chapter 7 begins with case scenarios about two patients, who are experiencing depression and substance abuse disorders. It suggests strategies for practitioners to use to assess and treat common mental health conditions, including depression, anxiety, somatoform disorders, sleep disorders, chronic fatigue, and substance abuse disorders. Screening questions and easy-to-use assessment tools are provided for many of the conditions.

Chapter 8 begins with a case scenario about a recently widowed mother suffering from extreme fatigue, who discovers that she is HIV positive. This case demonstrates the practitioner using a patient-centered approach to help the patient to adjust to this new diagnosis and deal with discussing the process and implications of having her daughters tested for the virus. The chapter discusses the elements of effective counseling, and counseling models that are practical for primary care practitioners.

Chapter 9 focuses on practitioner well-being, beginning with three stories of practitioners living in Central America, the USA, and rural Kenya. The chapter makes the case for practitioner well-being and self-care as important components of healthcare, delineating the pitfalls, the obstacles, and the steps to take in order to achieve optimal health of the practitioner and their colleagues.

Chapter 10 illustrates the strategies and principles that can be used to develop behavioral medicine in healthcare systems where the concepts may not exist and where there may be few trained behavioral medicine specialists. It demonstrates principles and strategies both through our work in Vietnam and through the many other successful international projects that are integrating mental health into primary care practices around the world.

Julie M Schirmer  
Alain J Montegut  
June 2009

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# List of editors

**Julie M Schirmer, MSW**

Assistant Professor of Family Medicine, University of Vermont College of Medicine,  
Department of Family Practice, Burlington, VT  
Director of Behavioral Medicine and Assistant Director of Predoctoral Education,  
Family Medicine Department, Maine Medical Center, Portland, ME, USA

**Alain J Montegut, MD**

Associate Professor of Family Medicine, Boston University School of Medicine,  
and Director of the Global Health Primary Care Initiative, Department of Family  
Medicine, Boston University, Boston, MA, USA

# List of contributors

## **PRIMARY CHAPTER AUTHORS**

**Alan Lorenz, MD**

Associate Professor of Family Medicine and Psychiatry, University of Rochester School of Medicine and Dentistry, Rochester, NY, USA

**Daniel L Meyer, PhD**

Public Health/Evaluation Consultant, Readfield, ME, USA

**Alain J Montegut, MD**

Associate Professor of Family Medicine, Boston University School of Medicine, and Director of the Global Health Primary Care Initiative, Department of Family Medicine, Boston University, Boston, MA, USA

**Cathleen Morrow, MD**

Associate Professor of Community and Family Medicine, Dartmouth Medical School, and Director of Pre-Doctoral Education, Dartmouth Medical School, Hanover, NH, USA

**Julie M Schirmer, MSW**

Associate Professor of Family Medicine, University of Vermont College of Medicine, Department of Family Practice, Burlington, VT, and Director of Behavioral Medicine and Assistant Director of Predoctoral Education, Family Medicine Department, Maine Medical Center, Portland, ME, USA

**Jeffrey Stovall, MD**

Associate Professor of Psychiatry and Residency Training Director, Department of Psychiatry, Vanderbilt University, Nashville, TN, USA

**William Ventres, MD**

Multnomah County Health Department, Mid-County Health Center, Portland, OR, USA